

CERTIFICATION RENEWAL APPLICATION MISSISSIPPI UNDERGROUND STORAGE TANK PROGRAM

I hereby make application for renewal of certification as required by the Mississippi Underground Storage Tank Act and the Underground Storage Tank Regulations for the Certification of Persons Who Install, Alter, & Remove Underground Storage Tanks.

Name of Applicant _____ Date of Application _____

Miss. Certification No. _____ Certification Expiration Date _____
(as appears on certificate)

Company Name (as appears on certificate) _____

Company Mailing Address _____

City _____ State _____ ZIP Code _____

Company Phone _____ Cell Phone _____ Fax Number _____

Company Email _____ Licensee Email _____

CONTINUING EDUCATION REQUIREMENT

Certification to install, alter, and remove USTs: 8 hours of installation related course work **AND** 8 hours of closure related course work. Attach course completion certificates.

Certification to remove USTs: 8 hours of closure related course work. Attach course completion certificate.

	Course Name	Course Provider	Date Attended	Credit Hours
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

CERTIFICATE OF FINANCIAL RESPONSIBILITY

(Check the statement that applies to you and if applicable attach a copy of the certificate.)

Check One: ☐ I have **OR** ☐ My employer has

Check One Below:

☐ A contractor's general liability insurance policy of at least \$50,000 that expires on ____/____/____ (month/day/year) is attached or is on file with the Mississippi Department of Environmental Quality (MDEQ). A 30- or 60-day cancellation notice is written on the certificate of insurance. MDEQ must be listed as the certificate holder.

☐ A certificate of responsibility from the Mississippi Board of Contractors that expires on ____/____/____ (month/day/year). A current certificate of responsibility is attached or is on file with the MDEQ.

☐ My certification restricts me to **only** work on tanks owned by me or my employer; therefore, I do not have to provide proof of financial responsibility. There is an R in my certification number.

I certify that the information given above is true and correct to the best of my knowledge and further understand that if any of the above information is found to be incorrect that my certification under the Underground Storage Tank Program will not be renewed.

Print Name _____ Signature _____